

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

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| PLAINTIFF NORWOOD WYATT | COURT CASE NUMBER Civil Action No. 05-655-KAJ |
| DEFENDANT FIRST CORRECTIONAL MEDICAL and DR. SITTA GOMBEH ALI | TYPE OF PROCESS COMPLAINT |

| | |
|--------------------------------|--|
| SERVE ➔ AT | NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN ATTORNEY GENERAL OF THE STATE OF DELAWARE |
| | ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 820 N. FRENCH STREET, WILMINGTON, DELAWARE 19801 |

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| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: NORWOOD WYATT 167137, S-1 Delaware Correctional Center 1181 Paddock Road Smyrna, Delaware 19977 | Number of process to be served with this Form - 285 | 1 |
| | Number of parties to be served in this case | 2 |
| | Check for service on U.S.A. | X |

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold Fold

Estimated time available for service: Regular business hours

| | | | |
|--|---|-------------------------|------------------|
| Signature of Attorney or other Originator requesting service on behalf of: NORWOOD WYATT <i>Norwood Wyatt</i> | <input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER N/A | DATE 05/12/06 |
|--|---|-------------------------|------------------|

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---------------|---------------------------------|--------------------------------|--|-----------------|
| I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted) | Total Process | District of Origin No. _____ | District to Serve No. _____ | Signature of Authorized USMS Deputy or Clerk <i>h</i> | Date 5-18-06 |
|---|---------------|---------------------------------|--------------------------------|--|-----------------|

I hereby certify and return that ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

| | |
|--|--|
| Name and title of individual served (if not shown above) <i>Keith Brady</i> | <input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode. Date of Service 5-18-06 Time am pm Signature of U.S. Marshal or Deputy <i>h</i> |
| Address (complete only if different than shown above) | |
| | |

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|-------------|--|----------------|---------------|------------------|--------------------------------|------------------|
| Service Fee | Total Mileage Charges (including endeavors) | Forwarding Fee | Total Charges | Advance Deposits | Amount owed to U.S. Marshal or | Amount of Refund |
|-------------|--|----------------|---------------|------------------|--------------------------------|------------------|

REMARKS:

05:18 PM 18 MAY 2006

FILED
CLERK U.S. DISTRICT COURT
DISTRICT OF DELAWARE